

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H74808

1. Corporation Name

EARLINE MAXINE A MILLION, INC.

Principal Place of Business

4601 SHERIDAN ST., STE. 505
HOLLYWOOD FL 33021

Mailing Address

% KIMBERLY D. SALVINO
713 NW 7TH AVE
DANIA FL 33004
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09/09/1985

SP

5. FEI Number

59-2599944

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	SALVINO, MARCO A., SR	713 N.W.7TH AVE	DANIA FL
VSD	SALVINO, KIMBERLY D.	713 N.W. 7TH AVE	DANIA FL

300003455033--2
-11/07/00--01066--001
****758.75 ****758.75

8. Name and Address of Current Registered Agent

BUTLER, MARK F
4601 SHERIDAN ST.
SUITE #505
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1720 HARRISON STREET
Suite, Apt. #, Etc. #6C-W
City HOLLYWOOD State FL Zip Code 33020

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-17-00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kimberly D. SALVINO V.S.D.

10/17/00 954-925-5157
Date Daytime Phone #